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MILITARY GOVERNMENT OF GERMANY, TECHNICAL
MANUAL FOR PUBLIC HEALTH OFFICERS.

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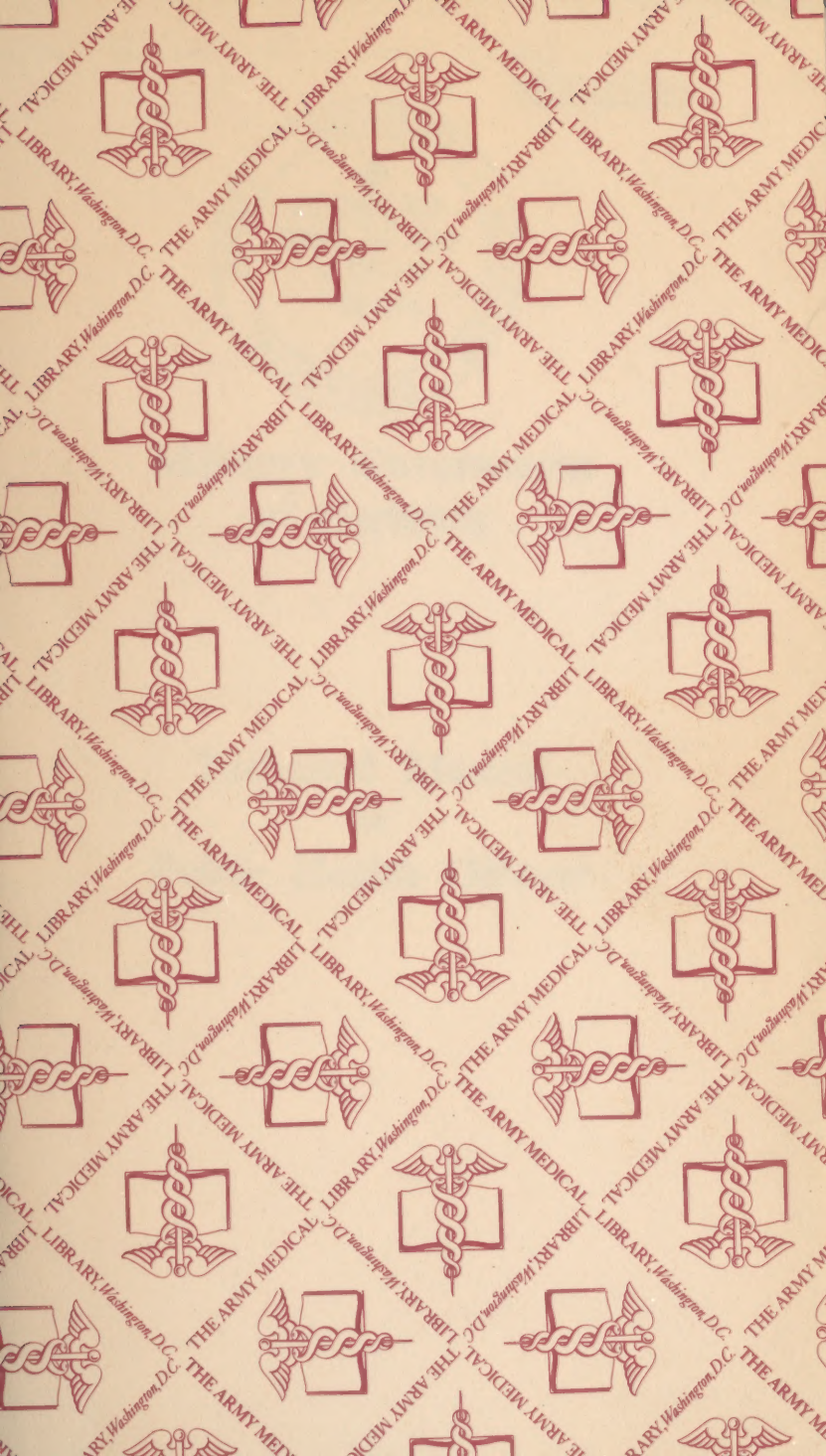


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Military Government of Germany

Technical Manual for Public Health Officers



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SUPREME HEADQUARTERS
ALLIED EXPEDITIONARY FORCE
G-5 DIVISION

**TECHNICAL MANUAL FOR MILITARY GOVERN-
MENT PUBLIC HEALTH OFFICERS**

This Manual for Military Government Public Health technical operations is published for the information and guidance of all concerned. Section I sets out certain procedures to be followed by Military Government Public Health personnel, discharging responsibilities pertaining to public health in areas within Germany for which the Supreme Commander, Allied Expeditionary Force, is responsible. Section II sets out procedures to be followed by German authorities and includes guides to Military Government Officers for obtaining those procedures by the Germans.

Provision of the civilian public health within areas for which the Supreme Commander may be responsible is of primary import to military operations. The establishment or restoration of indigenous Public Health/Medical Service at an early stage is essential, and the more promptly such may be effected, the greater will be the assurance of success of Military Government.

The solution of all Public Health problems that may confront Military Government Officers cannot be included in an outline of this type. The outline should, however, provide a basis for approaching problems.

A. E. GRASSETT,
Lieutenant General,
Assistant Chief of Staff, G-5.

THE HISTORY OF THE

REPUBLIC OF THE UNITED STATES

IN THE

REPUBLIC OF THE UNITED STATES

The history of the Republic of the United States is a subject of great interest and importance. It is a subject which has attracted the attention of the people of all nations. The history of the United States is a history of the struggle for freedom and independence. It is a history of the growth of a great nation from a small colony. It is a history of the triumph of the people over the tyrants of the world. It is a history of the establishment of a government of the people, by the people, and for the people. It is a history of the progress of the human race. It is a history of the glory of the American people. It is a history of the power of the United States. It is a history of the future of the world.

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A. E. CROSBY

Author of

"The History of the Republic of the United States"

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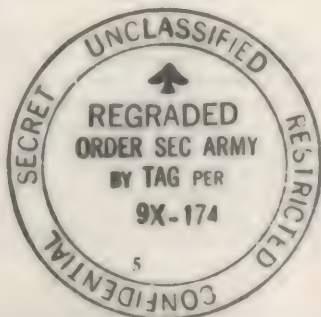
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MILITARY GOVERNMENT (MIL. GOV.) PUBLIC HEALTH TECHNICAL OPERATIONS

SECTION I

OUTLINE FOR OPERATIONS BY MILITARY GOVERNMENT PUBLIC HEALTH OFFICERS

1. General

a. Purpose:—This outline is published for the information and guidance of all concerned with planning for or effecting measures for Mil. Gov. Public Health Operations in Germany under the Supreme Commander, Allied Expeditionary Force.

b. Missions of Mil. Gov. Public Health Staff Officers:—Under the G-5/S Mil. Gov. O/CO-Mil. Gov. Detachment/Group, the senior Medical officer on any Mil. Gov. staff should assure :

(1) Submission of recommendations for and proper establishment of policies and procedures for coordinated Public Health operations within the areas for which responsible.

(2) Plans for and coordinated provision of all resources required within areas for which responsible for preventing or controlling those diseases among civilians or animals which might interfere with military operations.

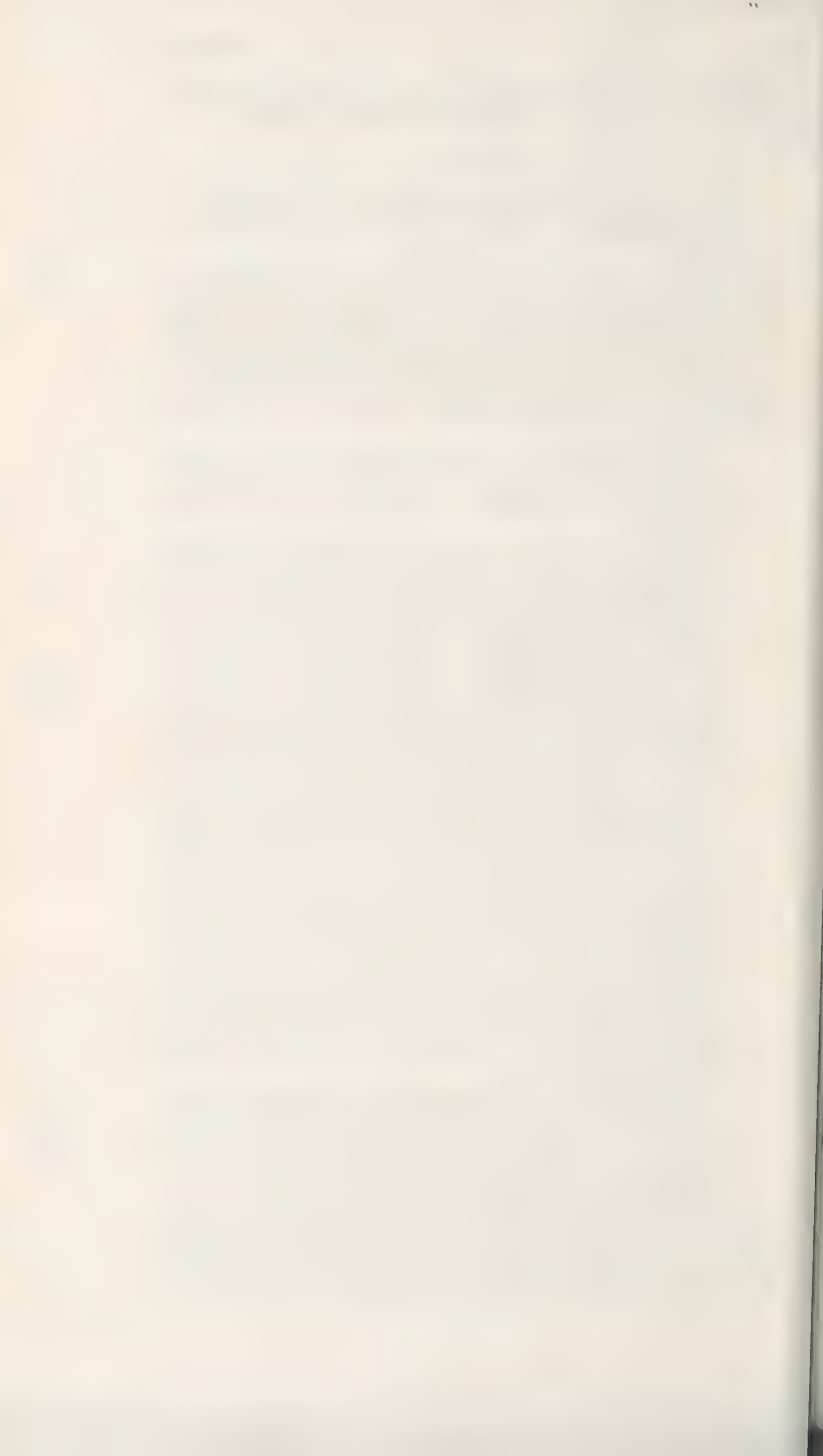
(3) Properly obtained, evaluated and disseminated authentic data concerning prevailing diseases, existing or threatened epidemics, and available indigenous resources for Public Health operations within areas for which responsible, with particular attention to personnel, facilities, equipment, transport and operational systems ; military medical services will be kept fully informed in order to insure maximum safeguard to military forces.

(4) Coordination in all areas of Public Health operations with operations of the military medical services by continuous and close liaison with the Surgeon/Medical Staff ; insuring efficient utilization of all available resources to maximum relief of military forces from attention to or involvement in Public Health operations.

(5) Timely availability and distribution of medical supplies, and advice with reference to non-medical supplies, required for prevention or control of diseases among civilian or animal populations which might be transmitted to the military forces, might interfere with military operations, or might fail to actually promote those operations.

(6) Maintenance of proper relations with, obtaining information or support from, and coordinating activities requested or required of non-military Government or civilian agencies which might contribute aid to or support all Public Health plans or operations.

c. Collaboration in operations:—The implementation of the programme necessary to discharge responsibilities prescribed in the foregoing will require the collaboration and aid of personnel at all levels. In the absence of precedent for such operations as are involved, it is desired that we encourage



the submission of comments and recommendations for new procedures, or for improvements in procedures detailed herein, through proper channels to the Assistant Chief of Staff, G-5, Supreme Headquarters.

2. Concept of Operations

a. Policies:—Under commanders concerned the control of public health among civilians occupying areas under command of the Supreme Commander, Allied Expeditionary Force, will be effected in accordance with the provisions of "Standard Policy and Procedure for Combined Civil Affairs Operations in North-West Europe," 1 May 1944 (AGO 14.1-11GE, SHAEF/G-5/327), as later amended, to provide for Military Government.

b. Time phases:—Two time phases will be generally involved in Mil. Gov. Public Health operations in Germany.

(1) *Military phase* during which the Supreme Commander will insure minimum essential needs of peoples uncovered by military operations or as a result of such operations, to the extent necessary to prevent health hazards to Allied military forces or military operations.

(2) *Transition phase*, following the military phase, and ending in Military Government during which the Supreme Commander will divest himself of responsibility by transferring all responsibility for civilian public health to the Military Government under Commission control.

c. General premises:—

(1) Public Health operations will be required for two distinct but related categories of civilians:

(a) For persons forced from their usual existence and uncovered by military operations or as a result of those operations, including combat casualties, classified as:

i. Displaced persons, beyond the boundaries of their own state or nation.

ii. Refugees, within the boundaries of their own state or nation.

(b) For persons remaining in their usual communities, normally provided by indigenous health organizations and services.

(2) As permitted by the military situation and prescribed policy, the maximum degree to which utilization of established health organizations and services may be effected will measure the success of operations. All actual furnishing of medical services should be by indigenous personnel. All Public Health personnel should engage only in the administrative staff functions required to aid indigenous personnel, organizations or services in the establishment or restoration of means for furnishing civilian medical services in accordance with preceding paragraphs 2 a and 2 b (1).

(3) Commanders should assume that indigenous health organization, facilities, operations, systems of reporting communicable diseases, and actual prospect for prevention of epidemics will be disrupted by military operations. For that reason no reliance upon the indigenous means may be justified until firm establishment of the system



and actual performance has demonstrated the safety of such action.

(4) Organization for Public Health Operations.

(a) Satisfactory Public Health operations may be effected only by :

- i. Proper organization of all available means.
- ii. Proper administration by adequate staffs.
- iii. Application of technical policies under authority capable of enforcing the policies.

(b) A pattern for Public Health staffs as well as organizational relationships to the remainder of G-5/S. Mil. Gov. O. and other staffs of Commands/Formations may be found in SHAEF/G-5/3508 (27 July 1944) "Organization and Missions of Public Health Branch, G-5." Where the organization does not place the senior Mil. Gov. medical officer directly under that officer, it should be urged that the medical officer report direct to the G-5/S. Mil. Gov. O. on all matters concerning public health plans and operations, to insure proper administration and authoritative support of policies.

d. Coordination of Mil. Gov./Military Medical operations:—

When coordination of medical operations with the military medical services may be necessary within an area, such coordination should be effected through Surgeons/Medical Staffs of the Commands. Continuous close liaison of Mil. Gov. medical staffs with military medical staffs is obligatory.

e. Personnel:—Sufficient personnel may be assured only when authorized by T/O-W/E, which must ordinarily have been established several months before operations by the personnel will be necessary. Commanders should recommend T/O-W/E required for their respective missions, else personnel will be unavailable ; no attachment from some other source or staff should be anticipated. Due to shortages of technically trained personnel, it is essential that no such personnel provided for Mil. Gov. Public Health operations be employed in other than Public Health operations except in a temporary emergency. Officers of the U.S. Public Health Service, Army Medical Corps, Royal Army Medical Corps, Sanitary Corps, Medical Administrative Corps, Pharmacy Corps, Veterinary Corps, Dental Corps or Army Nurse Corps assigned for Mil. Gov. duty no longer required purely for Public Health activities will be reported available for reassignment.

3. Measures to be Employed

Such measures will be taken to control communicable diseases and alleviate suffering among the civilian populations as will insure success of commanders' missions and will prevent medical hazards to Allied Forces, to include detention or hospitalization for examination/treatment as well as immunization, disinfection, quarantine and similar measures and the institution of venereal disease control programmes.

4. Preventive Medicine

Under commanders concerned, matters related to preventive medicine should be effected as follows :

a. Mil. Gov. Public Health Officers on Staffs will insure that:—

(1) During a Military Control Phase:

(a) Civilian public health organizations are used to the fullest extent possible, and in the absence of health officials, suitable substitutes are appointed.

(b) Through civilian control to the maximum practicable, existing public health laws and regulations are enforced and that such additional regulations are instituted and carried out as may be necessary for the protection of Allied Forces (see Section II, hereafter).

(2) During a Civil Control Phase:

(a) Control is maintained over civilian public health authorities to insure that such authorities provide the measure of civilian health control necessary for the protection of Allied Forces.

(b) Direct preventive and curative medical measures are taken, under the authority granted Commanders and subordinate commanders, if civilian authorities are unable to cope adequately with existing problems and the health of Allied Forces is threatened.

b. Certain Public Health Officers will be used as members of Detachments/Groups which will operate in areas where public health problems exist. They may be deployed on a territorial basis or, upon the recommendation of Mil. Gov. Public Health Officers on staffs, may be moved from place to place as special problems arise.

c. It will be the responsibility of Public Health officers on staffs through channels to recommend to G-5, SHAEF the furnishing of services of consultants in Preventive Medicine (including Venereal Disease Control), Medical Supply, Sanitary Engineering, Nutrition, Nursing, Narcotic Drug Control, Veterinary Medicine and other fields when special problems occur in those fields and consultation is required. Arrangements have been made whereby specialists from staffs elsewhere will be obtained by the Chief, Public Health Branch, SHAEF to assist in dealing with particular problems.

d. Public Health Officers on Staffs will gather and analyze current data regarding communicable disease prevalence, and insure that immediate action is initiated for the prevention and control of such diseases in areas where they are a hazard to Allied Forces. They will insure that such actions are coordinated with the Surgeons Medical Staffs, and they will maintain liaison with the Medical Inspectors/Hygiene Officers on the Staffs of the Surgeons/Medical Staffs. Measures will be initiated to eliminate unsatisfactory sanitary conditions. Such measures will be coordinated with the Engineers/Royal Engineers, Quartermaster Corps/Works Directorate and Surgeons (Sanitary Engineers)/Medical Staffs (Field Hygiene Sections).

e. Early action will support the reestablishment of the normal civilian programme for reporting of communicable diseases which are likely to affect the health of the troops or the conduct of the military programme. This will include



reporting of deaths from these diseases. It may be that circumstances will prevent transmission through normal civilian channels of the communicable disease reports required between German officials (see Appendix D). In the event such is necessary, Mil. Gov. Officers will insure proper transmission through military channels of the required report until civilian channels can be re-established. When an entire large political sub-division, which normally consolidated reports from smaller sub-divisions, is encompassed by a military unit formation, consolidation of reports flowing upward from the various military headquarters should be on a basis comparable with that normally used by the indigenous health agencies. This, however, will not preclude the reporting of special situations called for in paragraph 4g.

f. The nutritional status of civilian individuals will be observed and/or determined. Suitable recommendations will be made as to equitable distribution of the civilian dietary or approved ration during the period of military responsibility. Such reports will be correlated with those on supply.

g. Reports, by each echelon to the next higher echelon, concerning civilian public health are required as a minimum, submitted as indicated by Appendix A and paragraph 4h hereafter:

(1) *Immediate telegraphic reports* of existence of initial cases of typhus fever (epidemic, louse borne), smallpox, plague, cholera, human anthrax, as well as of other emergency disease matters, including grave sanitary problems, epidemics and other conditions seriously endangering the health of troops or the civilian population. Locations in each instance will be reported.

(2) *Weekly telegraphic reports* as of 2359 hours, Friday, of subsequent cases of typhus fever (epidemic, louse borne), smallpox, plague, cholera, human anthrax, with also the current status of problems reported in previous telegraphic reports. Locations in each instance will be reported.

(3) *Weekly statistical reports* of cases and deaths of the following are desired (Form PH-1 may be used):

- (a) Anthrax (telegraphic report of cases also required)
- (b) Cerebrospinal meningitis (meningococcus).
- (c) Diphtheria.
- (d) Poliomyelitis.
- (e) Scarlet fever.
- (f) Smallpox (telegraphic report of cases also required).
- (g) Tuberculosis, all forms.
- (h) Cholera (telegraphic report of cases also required).
- (i) Dysentery, bacillary.
- (j) Dysentery, protozoal (amoebic).
- (k) Dysentery, unclassified or clinical.
- (l) Typhoid fever.
- (m) Paratyphoid fever, A and B.
- (n) Gastroenteritis, food poisoning, etc.
- (o) Malaria.
- (p) Plague (telegraphic reports of cases also required).



- (q) Typhus (epidemic, louse borne) (telegraphic reports of cases also required).
- (r) Relapsing fever.
- (s) Hepatitis, infectious.
- (t) Rabies.
- (u) Trichinosis.
- (v) Tularemia.
- (w) Undulant (Malta) fever.
- (x) Other diseases of military import, though not required by health regulations of Germany, including Chancreoid, Gonorrhea and Syphilis, Influenza, Trachoma, Leprosy, Glanders.

Notes.—Cases and deaths included will be those reported for the first time in the period covered by the report and should be entered according to political subdivisions, i.e., name of city, town, village, province, country, region, district, etc. Reports will list names of all political sub-divisions from which reports were normally received prior to occupation. When no report has been received from a particular community or area this will be indicated by the entry "No report received." When a report has been received which indicates that no cases of a given disease have occurred or have been reported in a community or area, "o" should be entered under that space. Estimated populations should be entered for each political sub-division. To the extent that official civil forms provide adequate information, they may be used for weekly statistical reports. Reports will cover the official weekly period used for reporting by local officials. They will be forwarded no later than 5 days after the end of the period covered by the report.

(4) *Monthly narrative reports* for the period of the calendar month should be submitted no later than 5 days after the end of the month and will include:

(a) A summary of communicable disease problems encountered, including a special statement on those affecting displaced persons.

(b) A statement regarding communicable diseases of abnormal prevalence.

(c) A summary of the management of unusual diseases endemic in the area or of those constituting special problems.

(d) Comment on specific drugs and biologicals required and issued for communicable disease therapy or control, and the status of immunization progress.

(e) Comment relative to any unsatisfactory environmental sanitary condition, including water supply and drainage, waste disposal, housing, insect control, and any other factors. Include comments on steps taken to chlorinate civilian water supplies and on supplies required and issued for dealing with sanitation problems.

(f) A list of animal diseases present within the area.

(g) Statement of action taken and recommended for correcting all defects mentioned in preceding paragraphs.



(h) Initial reports will contain a statement on the status of indigenous health organizations, a statement regarding general status of health of the population, degree of louse infestation, the nutritional status and extent of prevalence of nutritional deficiency diseases of communities as a whole and of displaced persons at public and private institutions. Subsequent reports will indicate changes in status of the public health organization.

(i) Copies of all public health directives and instructional material published by the headquarters reporting.

h. Reports required under paragraph 4g should be rendered as follows (see Appendix A):

(1) *By whom:*

(a) Public Health Staffs in the Zone of Operations Combat.

(b) Public Health Staffs in the Z/L of C.

(2) *For the following areas:*

All political sub-divisions in the area for which the commander of the unit formation is responsible.

(3) *Copies and channels:*

(a) By Public Health Officer, Army Staff in Zones of Operations/Combat.

i. *Telegraphic reports:*—Staffs will prepare in quadruplicate. Original telegram will be sent to G-5 S. Mil. Gov. O. Army Group; first copy to Surgeon/Medical Staff Army; second copy by telegraph to G-5 SHAEF, Att. Chief, Public Health Branch; third copy to file.

ii. *Weekly statistical and monthly narrative reports:* Staffs will prepare in triplicate. Original and first copy will be sent to G-5 S. Mil. Gov. O. Army Group and second copy to file. At the discretion of the Army Surgeon/Medical Staff, copies of these reports or abstracts of pertinent information will be forwarded to those offices.

(b) By Public Health Officer, Army Group Staff in Zones of Operations/Combat.

i. *Telegraphic reports:*—Copy of telegrams from G-5 S. Mil. Gov. O. Army will be sent to Surgeon/Medical Staff, Army Group.

ii. *Weekly statistical and monthly narrative reports:* Copies of reports received from Army G-5 S. Mil. Gov. O. will be sent to G-5, SHAEF, Att. Chief, Public Health Branch. At the discretion of the Surgeon/Medical Staff, Army Group copies of these reports or abstracts of pertinent information will be forwarded to him.

(c) By Public Health Officer Staff, Z/L of C Base Section/Area.

i. *Telegraphic reports:*—Staffs will prepare in quadruplicate. Original telegram will be sent to G-5 S. Mil. Gov. O. highest Headquarters Z/L of C; first copy to Surgeon/Medical Staff, Base Section/Area; second copy by telegraph to G-5, SHAEF, Att. Chief, Public Health Branch; third copy to file.

ii. *Weekly statistical and monthly narrative reports:* Staffs will prepare in triplicate. Original and first copy will be sent to G-5/S. Mil. Gov. O., highest headquarters Z/L of C and second copy to file. At the discretion of the Base Section/District, Surgeon/Medical Staff, copies of these reports or abstracts of pertinent information will be forwarded to those offices.

(d) By Public Health Officer, Highest Headquarters in Z/L of C.

i. *Weekly statistical and monthly narrative reports:—* Copies of reports received from Base Section/Area G-5/S. Mil. Gov. O. will be sent to G-5, SHAEF, Att. Chief, Public Health Branch. At the discretion of the Headquarters Z/L of C Surgeon/Medical Staff, copies of these reports or abstracts of pertinent information will be forwarded to those offices.

i. Public Health Officers will assist in and supervise, when necessary, the public health aspects of handling of displaced persons.

j. In conjunction with Public Utilities Officers, with Corps of Engineers Royal Engineers, Quartermaster (US), RASC (Br), and Ordnance (Br) and Surgeons/Medical Staffs, Public Health Officers will cooperate in providing safe civilian water supplies and sewage disposal, insect control, bathing and delousing. They will cooperate with Mil. Gov. Supply, Displaced Persons and Public Safety officers and Surgeons/Medical Staffs in matters of food and nutrition in relation to the health of the population. Nutrition specialists and/or nutritional survey parties are available for advice and determination of nutritional status and presence of nutritional deficiency diseases.

k. Technical channels between Mil. Gov. Public Health Officers of units formations will be used on all purely technical public health matters. By technical channel is meant a direct channel either upwards or downwards on all technical public health matters where coordination with other branches of the staff is not necessary and/or no new or changed policy is established.

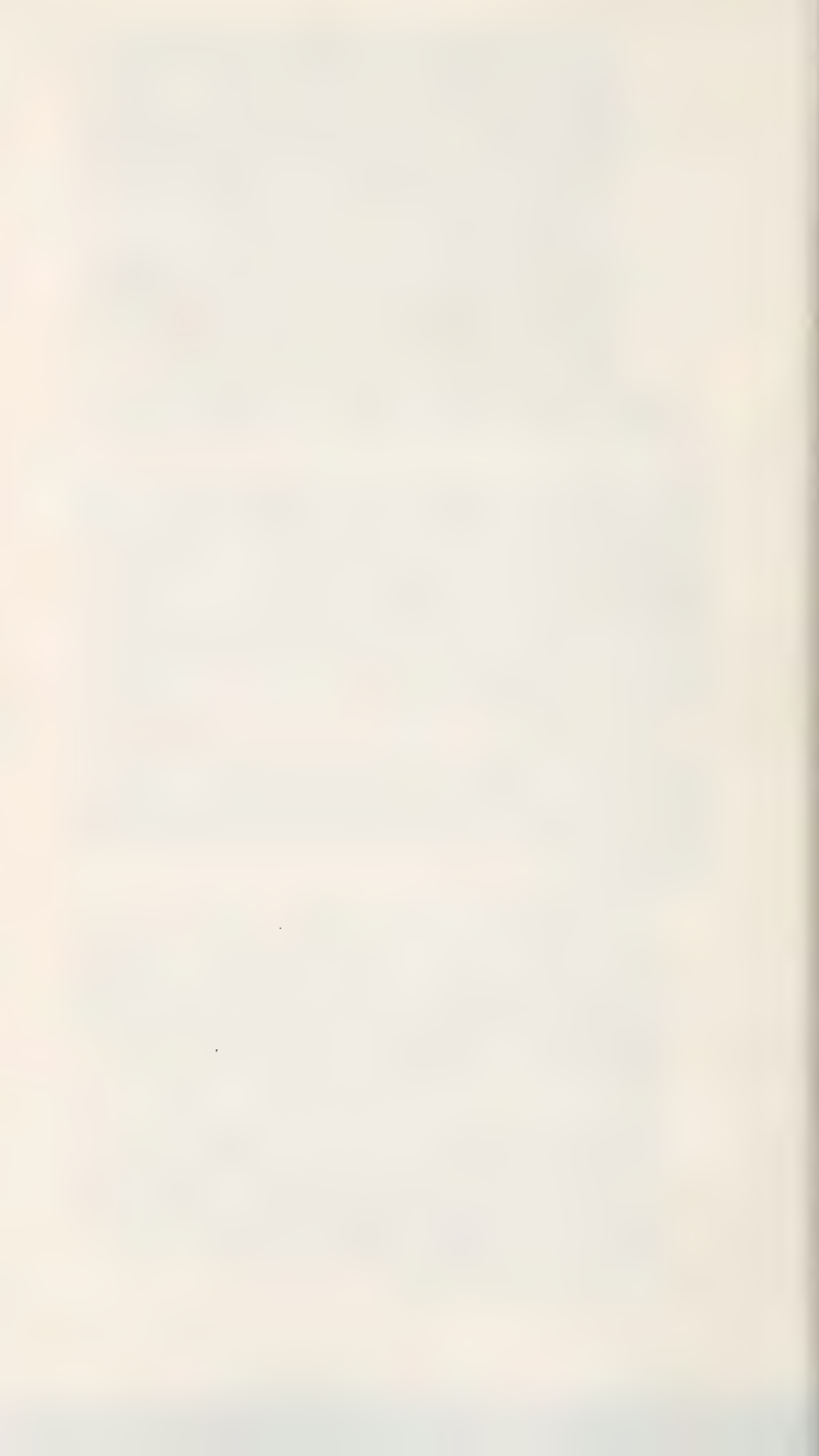
l. Typhus Fever.

(1) Civil health authorities will be called upon to control typhus fever. Every assistance possible will be given them in carrying out their programmes. Typhus fever is of sufficient importance as a threat to Allied military operations that, at the first evidence that local authorities are unable or fail to take adequate steps to prevent or control outbreaks of the disease, direct military supervision or control will be instituted.

(2) The Chief of the Public Health Branch, G-5, SHAEF will be informed immediately when survey reveals that typhus fever exists, is suspected to exist, or is reported to have occurred in the recent past.

(3) The letter "Typhus Control, Policy, Supplies and Consultations" (SHAEF/G-5/(PH)/2501 dated 25 October 1944) should be consulted for all matters related to prevention and control of typhus fever.

m. Venereal Disease Control.



(1) Venereal disease control in a civilian population requires long-term planning and operations. Actions taken during the military period will be confined largely to those designed for the protection of Allied Forces.

(2) In cooperation with Public Safety and Legal Officers and with Surgeons/Medical Staffs and Provost Marshals/Provosts, Public Health Officers will insure the effectiveness of civilian venereal disease control programmes in areas where venereal diseases are a hazard to Allied Forces. Such cooperation will include :

(a) Assistance in location of sites suitable for prophylactic stations.

(b) Transmission of information regarding prevalence of venereal diseases among civilians, location of houses of prostitution and areas which present special hazards to Allied Forces, including recommendations on houses, areas or communities which should be placed out of bounds.

(3) Under Mil. Gov. supervision civil health and police authorities will be relied upon to promote the programme of venereal disease control among civilians. Every assistance will be given them in the reestablishment of approved basic programmes which existed prior to occupation by the Allied Forces. Direct military supervision or control will be instituted where local authorities fail to take adequate steps to control venereal diseases, and the infection of Allied Forces resulting therefrom represents a threat to Allied military operations.

(4) The following measures will be effected by German civil authorities for civilians in areas in which commanders assume direct military supervision or control :

(a) Provision for isolation and treatment facilities.

(b) Provision for the detention of sexual contacts for diagnosis and treatment until such time as they are non-infectious from syphilis and symptom-free from gonorrhea.

(c) Vigorous enforcement of approved civilian laws and regulations relating to venereal disease control and prostitution.

(d) Suppression of clandestine prostitution, procurement for prostitution, and toutage.

5. Medical and Sanitation Supplies

a. Responsibility for, as well as policies and procedures related to, distribution of medical and sanitation supplies differs in no respect from that of other types of supplies. The marked difference of medical and sanitation supplies from other types of supplies is in application or ultimate utilization. The prevention of epidemic or suffering, the prolongation of life and prevention of death among civilians to the extent dictated by military necessity, when dependent upon furnishing of supplies may be more important in some instances than the provision of any other supplies. It is essential that Public Health officers on Mil. Gov. staffs be available to correctly estimate the importance of medical and sanitation supplies with relation to all other problems of supply facing the commander.

b. General policies and procedures for medical and sanitation supplies are stated in SP and P (see preceding paragraph 2a). It will be necessary for Commanders to issue detailed operational directives applicable to the estimation of requirements, submission of requisitions/indents, and distribution of medical supplies/stores. To increase success in uniform application of policies and procedures within all areas for which the Supreme Commander is responsible, as well as permit intelligent technical plans and operations, each Mil. Gov. Public Health staff officer should report through his senior Mil. Gov. officer the effectiveness of distribution and application of medical supplies/stores under the currently existing operational scheme. Each G-5/S. Mil. Gov. O. should furnish the reports to the next higher echelon, along with copies of directives, particularly those directives which have resulted in especially successful or obviously deficient Public Health operations. Specific remarks and recommendations to the attention of the Chief, Public Health Branch, G-5 SHAEF should be submitted where utilization of special measures or procedures has expedited or improved the control of epidemic type disease.

c. The senior Public Health officer should submit recommendations for T/E-G 1098 through the G-5/S. Mil. Gov. O. which will insure adequate individual and organizational/formation equipment for all authorized Public Health/medical operations by the individual or unit concerned.

d. Public Health Officers must continuously maintain close liaison with supply officers and agencies, increasing efficient administrative control of medical supplies stores by mutual exchange of information. Medical and sanitation unit equipment can be improved only by proper application of experience gained in operations. Recommendations for changes in units should be submitted at any time experience justifies such action, along with full particulars which will aid in decision as to authorization for the changes proposed. Experiences within this theater may be readily compared with those of other areas and result in unit equipments which will assure improved Public Health operations.

6. Nutrition

a. Attention is invited to preceding paragraphs 4f, 4g (4) (h) and 4j. Expert technical consultation for insuring proper nutrition within means available, should be requested when indicated.

b. The nutrition to be provided for Displaced Persons and Refugees will require technical considerations. In this connection attention must be given by Public Health officers to the section on Nutrition in "Guide to Assembly Center Administration" (CA 40) July 1944, (SHAEF CA Division), as it may be amended.

7. Narcotics Control

a. The operational control of narcotics is essentially a police function, but illicit traffic and improper use of narcotics might materially affect the civilian public health, the military forces or military operations. For that reason all Public Health officers should be familiar with the section on Narcotic Drugs

in "Civil Affairs Public Safety Manual of Procedures in Liberated Territories" (CA/b6) June 1944 (SHAEF).

b. Public Health officers will cooperate with indigenous and local officials in the re-establishment of pre-war measures for narcotic control and for the effective enforcement of such measures. Known or suspected failure of indigenous authorities to effectuate adequate control for suppression of illicit drug traffic will be reported by Public Health to Public Safety officers. Public Health officers must insure the maintenance of such system of receipting and surveillance over the storage and distribution of narcotic drugs called forward by them, as will insure their safety until delivered to responsible authorities to prevent their being diverted to illicit use or distribution.

c. Important instruments concerned with narcotic control are:—

(1) Opium Convention of 23rd January, 1912 (and Protocols); Exchange of Notes of 21st March, 1921, about the control of export of narcotics; Dangerous Drugs Convention with Protocol of 19th February, 1925; Narcotic Drugs Convention (with Protocols) of 13th July, 1931, and Proces-Verbal of 23rd June, 1936.

8. Displaced Persons and Refugees

a. Public Health officers have great responsibilities with regard to displaced persons and refugees. For that reason special public health provisions, including instructions and procedures, have been prepared under the direction of the Chief, Public Health Branch and in conjunction with the Chief, Displaced Persons Branch. Every Public Health officer should be familiar with the provisions of letter dated 4 June 1944 (SHAEF/AG 383-7-1 GE AGM) "Refugees and Displaced Persons".

b. Special instructions with reference to public health and sanitation services in Assembly and Processing Centers are included in a "Guide to Assembly Center Administration" (SHAEF/CA/d9).

c. Registration data as to disinfection, physical condition, immunization and final medical inspection as well as procedure in case of death will be found in "Displaced Persons Registration Instructions" (SHAEF/CA/d5).

d. Public Health officers should be familiar with Supplementary Summary Medical Record Cards and Instructions for the use of Supplemental Summary Medical Record (SHAEF/CA/d6 and CA/d7, respectively).

e. For guides to nutrition of displaced persons refer to preceding paragraph 6b.

SECTION II

OUTLINE FOR OPERATIONS BY GERMAN PUBLIC HEALTH AUTHORITIES

9. Mil. Gov. Public Health Administration

a. (1) As the Allied Armies establish Military Government in Germany, considerable differences in the manner of administration might occur in the areas under the various



Armies. It is not unlikely that the separate areas will be placed under a unified command eventually. This transition can be greatly facilitated if the commanders will adopt uniform public health administrative procedures (see paragraph 11, hereafter).

(2) Because the functions of public health are closely intertwined with many other government functions, references to public health responsibilities are included under those other functions. These related responsibilities must be analysed and compiled to facilitate the work of the public health specialist.

(3) There are few public health officers available for Military Government and each will be responsible for a large area. These officers will be involved in handling immediate problems and will have little time to prepare detailed operating directives for issue to German administrators.

- b. (1) As an aid to Military Government Officers in the administration of Public Health in Germany it may be advisable to issue the following from time to time:

(a) Numbered Public Health Technical Guides, Germany.

(b) Numbered Public Health Technical Circulars, Germany.

(c) Consolidated Communicable Disease Reports, Germany.

- (2) (a) Public Health Technical Guides are for issue to Military Government Detachments and Public Health Functional Specialists assigned or destined for duty in Germany. They deal with administrative policies and procedures as formulated from time to time. They include tentative Directives on Public Health suitable for issue to German Administrative and Health authorities at various levels of government by Commanders in the field down to and including Military Government Officers. The Directives are prepared in accordance with the policies of the Supreme Commander, AEF, and are designed to promote effective and uniform application of such policies. Issuing authorities should make no changes in these Directives on account of local considerations without giving careful attention to the over-all, long time effect.

(b) Public Health Technical Circulars deal with general informational material. They are to be distributed like the PH Guides.

(c) Consolidated Communicable Disease Reports are primarily consolidated field reports from Germany but may include other communicable disease reports from other areas. They are for distribution to all military Government Detachments.

10. Policy, Administrative and Professional References

- a. (1) In order to promote efficiency and uniformity of effort in the administration of Public Health in Germany, the officers concerned with such administration must

exercise tact and judgment in the enforcement of policy directives. Good judgment is based upon adequate information as to the fundamental stated policies, a knowledge of the German administration upon which these policies are to be imposed, and applicable professional knowledge.

(2) The following publications contain basic policies :

(a) Directive for Military Government of Germany Prior to Defeat or Surrender (SHAEP/AG 014.1-1 (Germany) GE-AGM) dated 9 November 1944, as it may be amended.

(b) SHAEP Handbook for Military Government of Germany.

b. The following publications contain available background information on German Public Health Methods and administration :

(1) TB-MED-27 (War Department Technical Bulletin) Medical and Sanitary Data on Germany.

(2) Ministry of Economic Warfare (MEW) *Germany Basic Handbook*, Part II Administration, Chapter X Public Health. Also refer to chapters on Public Health, in Political Intelligence Division—Ministry of Economic Warfare Zonal Handbooks.

(3) Office of Strategic Services, Army Service Forces (OSS-ASF) Manual M 356-13, Public Health and Sanitation; and 356-10 C & D, Water Supply and Sewage.

(4) Numbered Medical Intelligence Summary issued for Preventive Medicine Section, Office of Surgeon, ETOUSA.

c. The following publications contain technical information of a professional nature useful to Functional Specialists, Public Health :

(1) The Control of Communicable Diseases published by the American Public Health Association 1940-1943 and as US Public Health Service Reprint.

(2) Handbook of Military Hygiene, 1943, War Office.

(3) FM 8-40 Medical Field Manual, Field Sanitation, War Department.

(4) FM 21-10 Military Sanitation and First Aid, War Department.

(5) Med. Bull. 23, "Military Preventive Medicine," Dunham, War Department.

(6) TM 5-295, Water Supply and Water Purification, War Department.

(7) TM 8-227, Methods for Laboratory Technicians, War Department.

(8) ETO-OCE, Engineering Planning Data for N.W. Europe, "Water Supply and Sewerage."

11. Directives for Issue to *Arztsärzte (Kreisärzte) in Landkreise/Stadtkreise*

a. Directives numbered 1 to 3, Public Health are furnished in a form suitable for issue by commanders (down to Mil. Gov. Officers) to German Public Health Officials at the Landkreis/Stadtkreis level of administration. These Directives have been prepared in accordance with policy of the Supreme Commander, AEF and are designed to promote effective and

uniform application of such policy. Although published in English and German, the English issue only is authoritative, the German being attached for convenience.

b. Directive No. 1, Public Health, concerned with the authority and responsibility of *Amtsärzte* (*Kreisärzte*), is reproduced hereafter in English (Appendix B) and in German (Appendix C).

c. Directive No. 2, Public Health, concerned with the specific duties of *Amtsärzte* (*Kreisärzte*), is reproduced hereafter in English (Appendix D) and in German (Appendix E).

d. Directive No. 3, Public Health, containing instructions for immediate action by German Public Health Officials, is reproduced hereafter in English (Appendix F) and in German (Appendix G).

e. In order that German Public Health officials will furnish the information required in accordance with Public Health Directives, Military Government Officers will specify in writing to the former the detailed data required and times at which such are to be submitted.

12. Proposed Directive for Issue to *Medizinalrat* on *Regierungsbezirk* level

a. Directive No. 4, Public Health, is furnished in a form suitable for issue to the *Medizinalrat*. In order to familiarise the *Medizinalrat* with the responsibilities of his official subordinates, the *Amtsärzte* of *Stadtkreise* *Landkreise* in his area, copies of Directives issued to the subordinate officers will be attached for distribution (Appendices B to G inclusive). Although published in English and German, the English issue only is authoritative, the German being attached for convenience.

b. The *Medizinalrat* will be responsible to the *Regierungspräsident* *Landeskommissar* for his official duties, but should have a direct technical channel of communication with the Functional Specialist, Public Health, in the office of the Senior Military Government Officer, for discussing matters which are professional in nature and do not involve immediate administrative action on the *Regierungsbezirk* level.

c. Directive No. 4, Public Health, is reproduced hereafter in English (Appendix H) and in German (Appendix I), the former being authoritative, the latter attached for convenience only.

13. Reports

a. Section I, preceding, specifies the Public Health reports to be made by Mil. Gov. Staffs. In summary, weekly and immediate *telegraphic* reports are required for all cases of typhus fever, smallpox, plague, cholera, human anthrax and all serious public health situations, and weekly reports are required for all reportable communicable diseases (including those above). In addition a monthly narrative report is required. Section I includes instructions as to how and to whom each report is to be sent.

b. Within the first 72 hours of occupation a preliminary reconnaissance report should be submitted through channels. As a result of this reconnaissance, public health specialists may be sent to make further surveys and take necessary

action, using a check list form. A sample form is reproduced hereafter (Appendix J). At the earliest opportunity more complete reconnaissance will be necessary (Appendix K). When the area surveyed comes to lie in the Zone/Line of Communications, it is presumed that such Army Group records will become available to the Military Government Officer in charge of the Kreis, but it is anticipated that this will not always be the case. Additional reports are therefore required of the Amtsärzte (Kreisärzte) (see sub-paragraph 13d below).

c. Directive No. 2 (Appendices D and E) to Amtsärzte (Kreisärzte) includes instructions for communicable disease reporting through German channels. It is urgent that the German reporting system be maintained. Military Government officers will give all aid necessary to accomplish this end. (See preceding paragraph 4e.)

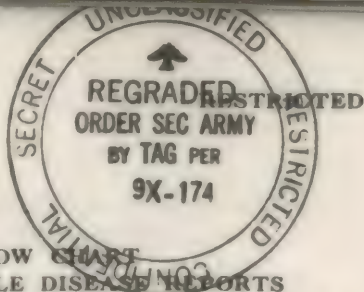
d. Directive No. 3 (Appendices F and G) orders Amtsärzte (Kreisärzte) to complete additional survey report forms of a preliminary nature and forward these to the Military Government Officer. These are detailed reports and will constitute a portion of the permanent public health records of the Military Government Officer in charge of the Kreise. These preliminary reports will be required only once. One copy will be retained by the Amtsarzt (Kreisarzt) in his office and three forwarded for distribution, one copy to the Military Government Officer, and two copies to the Functional Specialist, Public Health, in the office of the Senior Military Government Officer.

14. Administration of Veterinary Medicine (Kreise)

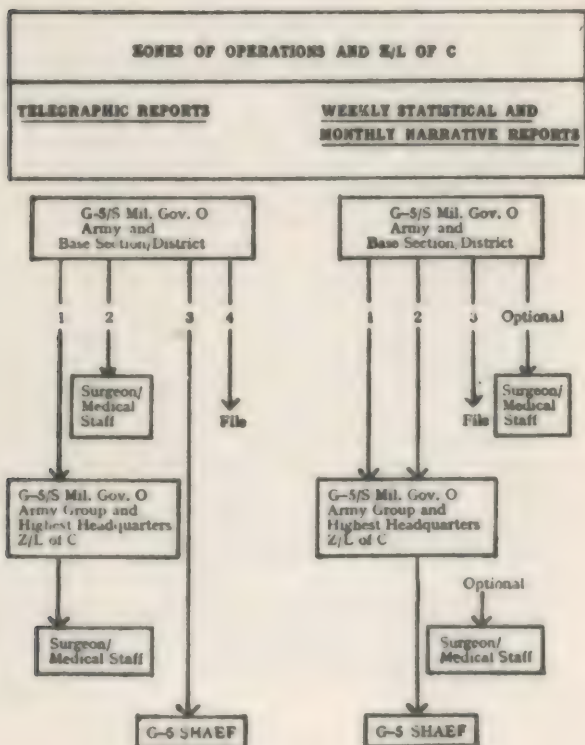
Directive No. 5, Public Health, concerned with Administration of Veterinary Medicine (Kreise) is reproduced hereafter in English (Appendix L) and in German (Appendix M). The form is suitable for issue by Commanders (down to Military Government Officers in Kreise) to the Bürgermeister, Landrat and the Amtsarzt (Kreisarzt) at the Landkreis Stadtkreis level of administration. The English issue only is authoritative, the German being attached for convenience.



APPENDIX A



FLOW CHART COMMUNICABLE DISEASE REPORTS MIL. GOV. PUBLIC HEALTH OPERATIONS IN GERMANY



Prepared 22 November 1944
Public Health Branch,
G-5, SHAEF



APPENDIX B

Date _____

DIRECTIVE No. 1, PUBLIC HEALTH AUTHORITY AND RESPONSIBILITY, GENERAL (Kreise)

TO: The Bürgermeister, Landrat and the Amtsarzt (Kreisarzt)

at _____

1. You will be responsible to the Military Government Officer (Mil. Gov. Officer) for the proper administration of Public Health within the area of your Stadtkreis Landkreis. You will be held personally answerable for the performance of your duties in accordance with this Directive and such other Directives as you may receive from Military Government. You will issue and enforce appropriate instructions to all personnel under your administrative supervision and control who are authorized to exercise their functions or professions within your area.

2. All proclamations, laws, ordinances, and orders issued by Allied authority or the Military Government and applicable to Public Health Administration will be scrupulously obeyed by you and by all personnel under your administrative supervision or control. Your attention is directed particularly to Proclamation I, and Laws No. 1, No. 5 and No. 52.

3. You will insure that the Mil. Gov. Officer in your Stadtkreis Landkreis is continually informed of all existing or potential public health hazards which may affect the health of Allied troops and nationals. You will immediately report to the Mil. Gov. Officer, every case of typhus fever, plague, cholera, smallpox or human anthrax as soon as the existence of any of these has been determined. You will be responsible for submission of recommendations as to the practical measures necessary to eliminate health hazards.

4. Proclamation I requires you and all personnel under your administrative control who are necessary for carrying out Military Government Public Health objectives, to remain at your posts. All existing and new appointments to office are temporary, contingent upon satisfactory performance and behavior, and are subject to revocation by Military Government. You will make no permanent appointment to nor dismiss any official from any Public Health, Hospital or Laboratory appointment except upon formal approval by the Mil. Gov. Officer.

5. All questions of revenue and expenditure will be dealt with according to the instructions on revenues and expenditures issued by Military Government to German Officials.

6. You will be responsible for requesting such emergency aid as may be required for compliance with directives from Military Government.

By command of _____

VERFÜGUNG No. 1 Öffentlicher Gesundheitsdienst

Allgemeine Autorität und Verantwortlichkeit (Kreise)

An den Bürgermeister Landrat und den Amtsarzt (Kreisarzt)

in

1. Sie sind dem Offizier der Militärregierung (Mil. Gov. O.) für die ordnungsgemässe Verwaltung von Angelegenheiten des Öffentlichen Gesundheitsdienstes innerhalb Ihres Amtsbezirkes (Stadt Landkreis) verantwortlich. Sie sind persönlich haftbar für die Ausübung Ihrer Pflichten im Sinne dieser oder anderer Verfügungen der Militärregierung. Sie werden diese Instruktionen an alle Ihnen verwaltungsgemäss unterstellten einschlägigen Berufsgruppen weiterleiten und für die gewissenhafte Ausführung Sorge tragen.

2. Alle von der Alliierten Zentralverwaltung oder von der Militärregierung herausgegebenen Proklamationen, Gesetze, Ausführungsbestimmungen und Befehle, soweit sie für die Öffentliche Gesundheitspflege Anwendung finden, werden von Ihnen und allen Ihnen unterstellten Beamten und Personal unvorbehaltlich ausgeführt. Dieses bezieht sich besonders auf Proklamation No. 1, und Gesetze 1, 5, und 52.

3. Sie werden dafür Sorge tragen dass der Militärregierungs-offizier in Ihrem Amtsbezirk (Stadt Landkreis) dauernd auf dem Laufenden gehalten wird über alle bestehenden und möglichen Mangel innerhalb der Volksgesundheit welche die Gesundheit der Alliierten Truppen und Zivilisten sowie der Zivilbevölkerung gefährden. Sie müssen dem Militärregierungs-offizier unverzüglich jeden Fall von Flecktyphus, Pest Cholera, Blattern oder Anthrax melden, sobald das Vorkommen einer dieser Krankheiten festgestellt ist. Sie sind ferner vollverantwortlich für die Unterbreitung von praktischen Vorschlägen zwecks Verhütung und Beseitigung solcher Mängel.

4. Proklamation No. 1 macht es Ihnen und allen Ihnen unterstellten Beamten und Personal, das für die Ausführung von volksgesundheitlichen Massnahmen nötig ist, zur Pflicht auf ihren Posten zu bleiben. Alle bestehenden Amtsbesetzungen und alle Neuernennungen sind provisorisch. Belassung im Dienst hängt von pflichtbewusster Amtsausübung und guter Führung ab. Sie dürfen keinen Beamten oder Angestellten des Öffentlichen Gesundheitswesens, eines Krankenhauses oder Laboratoriums ohne die ausdrückliche Zustimmung des Militärregierungs-offiziers anstellen oder entlassen.

5. In allen Fragen bezüglich Einnahmen und Ausgaben gelten die Vorschriften der Militärregierung an die deutschen Beamten über **Einnahmen und Ausgaben**.

6. Sie sind verantwortlich für die sofortige Anforderung von Hilfeleistung die Ihnen nötig erscheint um diese Verfügung voll und ganz auszuführen.

Auf Befehl des

Der englische Text dieser Verfügung hat rechtliche Gültigkeit und ist in allen Zweifelsfällen massgebend.

APPENDIX D

Date _____

DIRECTIVE No. 2, Public Health-Specific Duties (Kreise)

TO: The Bürgermeister Landrat and the Amtsarzt (Kreisarzt)

at _____

1. The health organization under your control is to continue its legitimate health activities provided that you will direct all available Health and medical resources including personnel, stores, equipment and institutional facilities, towards protecting the health of Allied troops and nationals in a manner and to an extent satisfactory to Military Government, and prevent activities which might hamper the conduct of Military Government. In accordance with the foregoing you may initiate or continue such health activities as may be authorized.

2. In protecting the health of Allied troops and nationals you will direct health and medical resources as follows:

a. You will take all steps necessary to control communicable diseases within your area, with special emphasis on those diseases which might affect troops and which have serious epidemic potentialities.

(i) You will maintain in your area a health organization competent to recognize, evaluate and effect adequate measures to eliminate actual and potential communicable disease hazards.

(ii) You are held personally responsible for the maintenance of an efficient and rapid system for collection of communicable disease data. Weekly and other periodic reports will be collected by the usual agencies on the usual forms, consolidated in the usual manner, and distributed through normal channels within the customary time intervals. The usual forms must be modified if necessary, so as to incorporate all information prescribed on PH 1 (See Directive No. 3). You will insure that *four copies* of each communicable disease report are delivered to the Military Government Officer, within 24 hours of the compilation, with special note of any condition which requires his attention. You are responsible for maintaining your supply of forms and reports to meet this demand. Whenever conditions prevent the collection and distribution of reports at the proper time you will insure that the Mil. Gov. Officer is promptly informed of the circumstances.

(iii) You will insure that an efficient medical laboratory service will be available to all populous districts for the control of communicable diseases.

(iv) You are responsible for anticipating, insofar as possible, emergency conditions which may arise. You may be called upon to submit practical plans for such contingencies, including plans for hospitalization, disinfection, quarantine, the procurement of adequate medical and sanitary supplies and personnel, transportation, or other medical activities.

b. You will keep yourself constantly informed and be prepared to report upon measures being taken to prevent the dissemination of communicable disease out of or into your area.

c. You are responsible for the economical and efficient use of all public health and medical resources within your area. You

will therefore acquaint yourself with all such resources including personnel, facilities, supplies, equipment and productive capacity. You will continuously keep the Mil. Gov. Officer fully informed as to the status of all medical resources within your area in such detail as may be required by the Mil. Gov. Officer. You will maintain current registers of all qualified Doctors, Dentists, Veterinary Surgeons, Nurses, Pharmacists and midwives with their addresses. You will report to the Mil. Gov. Officer any known individuals professing to be any of the foregoing who are not qualified to practice those professions. You will make recommendations to the Mil. Gov. Officer for redistribution of resources to :

(i) Prevent the spread of communicable diseases.

(ii) Give uniform medical care to the civilians present in your area after the needs of Allied nationals in your area have been provided for.

(iii) Make surplus resources available for the control of communicable disease in other areas than your own.

d. Whenever anticipated or actual shortages in personnel, equipment, supplies or other facilities exist in your area to such an extent as to hamper the control of communicable disease or the furnishing of uniform medical care, you will inform the Mil. Gov. Officer immediately.

e. You will retain in effect and cause to be enforced all established medical supply rationing systems as well as price controls and fee scales for medical and public health services, unless otherwise directed.

f. You will insure the maintenance of medical, surgical and nursing care of sick and wounded German civilian and military personnel in your area.

By command of

VERFÜGUNG No. 2 Öffentlicher Gesundheitsdienst

An den Bürgermeister/Landrat und den Amtsarzt (Kreisarzt)

in

1. Die Ihnen unterstellte Gesundheitsbehörde einschliesslich Personal, Vorratsquellen, Ausrüstungen und institutionelle Einrichtungen, funktionieren weiter in der Ausübung ihrer gesetzlich vorgeschriebenen Tätigkeiten, vorausgesetzt dass alle medizinischen Vorratsquellen und Mittel, die für die Erhaltung des Gesundheitszustandes der Alliierten Truppen und Zivilisten notwendig sind, in einer der Militärregierung zufriedenstellender Weise dazu verwendet werden. Die Tätigkeiten der Gesundheitsbehörde dürfen der Tätigkeit der Militärregierung nicht erschwerend in Wege stehen. In diesem Zusammenhang sind Sie ermächtigt bestehende und autorisierte Pflichten des Gesundheitsdienstes weiter zu führen oder autorisierte Neuerungen einzuführen, die für die Erfüllung Ihrer Pflichten nötig erscheinen.

2. Medizinische Vorratsquellen und Mittel sind in der folgenden Weise für die Sicherung des Gesundheitszustandes der Alliierten Truppen und Zivilisten verwenden:

a. Sie müssen alle notwendigen Massnahmen für die Bekämpfung von ansteckenden Krankheiten in Ihrem Amtsbezirk ergreifen, und besonders diejenigen Krankheiten unterdrücken, die eine Gefahrquelle für die Truppen bilden und leicht in eine all-gemeingefährliche Epidemie ausarten können.

(i) Zu diesen Zweck müssen Sie innerhalb Ihres Amtsbezirks eine Gesundheitsbehörde aufrecht erhalten, die befähigt ist aktuelle und mögliche Herde von ansteckenden Krankheiten zu erkennen, einzuschätzen, und durch geeignete Massnahmen in der Lage ist, diese Herde zu beseitigen.

(ii) Sie sind persönlich verantwortlich für die Aufrechterhaltung eines gut funktionierenden Systems das eine schnelle Erfassung von Data über ansteckende Krankheiten ermöglicht. Wochentliche, sowie andere periodischen Berichte werden unter Benutzung der gebräuchlichen Formen wie gewöhnlich eingesammelt, in gewohnter Weise zusammengestellt und gehen den üblichen Instanzenweg wobei die gebräuchlichen Zeitabstände eingehalten werden. Sie sind dafür verantwortlich dass 4 (vier) Abschriften eines jeden Berichtes über ansteckende Krankheiten innerhalb 24 Stunden nach Fertigstellung dem Militärregierungs-offizier zugesandt werden. Zustände, von welchen dieser Offizier sofort Kenntniss nehmen muss, sind besonders zu markieren. Die Aufrechterhaltung eines Vorrats von Berichtsvordrucken ist Ihre Verantwortung. Sollten Sie nicht in der Lage sein die disbezüglichen Berichte innerhalb der festgesetzten Termine einzuschicken, so müssen Sie dem Militärregierungs-offizier unverzüglich, unter Angabe der Gründe, davon in Kenntniss setzen.

(iii) Sie bürgen dafür dass ein leistungsfähiger medizinischer Laboratoriumsdienst zur Verhütung von ansteckenden Krankheiten für alle Teile der Bevölkerung zugänglich ist.

(iv) Sie sind verantwortlich, soweit dieses möglich ist, für die Vorauserwartung von Notständen die eintreten können. Es kann von Ihnen die Aufstellung von praktischen Gegenmassnahmen zur Bekämpfung solcher Notstände verlangt werden. Diese Massnahmen können sich auf Pläne für Krankenhausunter-

bringung, Desinfektion, Beschaffung von ausreichenden Arzneimitteln und sanitärem Zubehör, Personal, Versendung und Fortschaffung, und auf andere medizinische Tätigkeiten beziehen.

b. Sie haben sich dauernd auf dem Laufenden zu halten und Sie müssen vorbereitet sein Bericht zu erstatten über Massnahmen die Sie ergriffen haben um die Übergreifung von ansteckenden Krankheiten von Ihrem Amtsbezirk auf andere Gebiete, oder von anderen Gebieten auf Ihr Amtsgebiet, zu verhüten.

c. Sie sind vollverantwortlich für die sparsame und best versentbare Benutzung aller Ihnen zu Gebote stehenden Hilfsmittel und Vorratsquellen des Öffentlichen Gesundheitsdienstes. Sie müssen sich persönlich vertraut machen mit allen Vorratsquellen und Hilfsmitteln des Öffentlichen Gesundheitsdienstes innerhalb Ihres Amtsbezirks, Inbegriffen sind hier Personal, Angestellte, Büros, Krankenhäuser, Kliniken, Krankenwagen, Tragbahnen und ähnliche Ausrüstungen. Dieses bezieht sich ferner auf die Herstellung von Arzneimitteln und medizinischen Instrumente und auf die Anzahl und Leistungsfähigkeit aller sanitären Anlagen innerhalb Ihres Amtsbezirks. Sie müssen den Militärregierungs-offizier dauernd auf dem laufenden halten über den Bestand medizinischer Voräte innerhalb Ihres Amtsbezirks und ihm über alle gewünschten Einzelheiten Auskunft geben. Sie müssen ein ständiges Verzeichnis aller in Ihrem Bezirk wohnenden und befugten Ärzte, Zahnärzte, Dentisten, Tierärzte, Krankenschwestern, Apotheker und Hebammen nebst deren Adressen führen und dem Militärregierungs-offizier alle die Personen anzeigen, die einen dieser Berufe unerlaubterweise ausüben. Sie müssen ferner dem Militärregierungs-offizier Vorschläge unterbreiten für die Verteilung und benutzung dieser Hilfsmittel und Vorratsquellen um:

(i) die Verbreitung von ansteckenden Krankheiten zu verhüten,

(ii) der Zivilbevölkerung Ihres Amtsbezirks gleichmässig-medizinische Hilfe angedeihen zu lassen nachdem die Alliierten Zivilisten in Ihrem Bezirk versorgt sind,

(iii) etwaigen Überschuss an Vorratsquellen und Hilfsmitteln anderen Bezirken zur Bekämpfung von ansteckenden Krankheiten zur Verfügung zu stellen.

d. Sie müssen dem Militärregierungs-offizier unverzüglich Mitteilung machen über alle bestehenden und etwaig eintretenden Mängel innerhalb Ihres Amtsbezirks welche die Bekämpfung von ansteckenden Krankheiten oder die gleichmässige Ausübung von medizinischer Fürsorge erschweren oder behindern. Diese Mängel beziehen sich auf die unter "c" angeführten Personen und genstägende.

e. Alle bestehenden Rationierungen von Arzneien und sonstigen medizinischen Hilfsmitteln, sowie Preisvorschriften und Gebührenordnungen für Ärzte und Personal des Öffentlichen Gesundheitsdienstes werden von Ihnen beibehalten und weiterhin befolgt solange nicht andere Verfügungen in Kraft treten.

f. Sie sind verantwortlich für die medizinische und ehirurgische Behandlung und Pflege aller kranken und verwundeten deutschen Zivilisten und Soldaten in Ihrem Amtsbezirk.

Auf Befehl des _____

Der englische Text dieser Verfügung hat rechtliche Gültigkeit und ist in allen Zweifelsfällen massgebend.

APPENDIX F

Date.....

DIRECTIVE No. 3, Public Health - Immediate Actions (Kreise)

To: The Bürgermeister/Landrat and the Amtsarzt (Kreisarzt)

at

1. At the earliest possible hour after receiving this directive you will complete the information required on the attached forms and return three copies of each legibly printed or typed, to the Military Government Officer, retaining one copy of each document for your own records.

2. The attached forms cover the following subjects :

a. Form PH-1 is a summary of the number of new cases of communicable diseases which have occurred in the area under your jurisdiction during the last four-weekly report periods.

b. Form PH-2 is a Preliminary hospital survey. If the institution reported on is not in operation on date of your survey, you will state on back of the form briefly (1) why the institution is not in operation, (2) whether it is possible to put it in operation by use of local labor and materials, and (3) estimate of the date of availability. This report will be submitted in triplicate on *each* hospital.

c. Form PH-3 is a preliminary survey of sanitary conditions and requirements in your area.

d. Form PH-4 is a roster of all Gesundheitsamt employees who are on active duty now, or who were on active duty during any part of the period beginning a month prior to date of report.

3. In addition to the information required on the above forms, you will immediately prepare and maintain a complete and current file of all medical nursing, sanitary and related personnel in your area, indicating those with specialist qualifications.

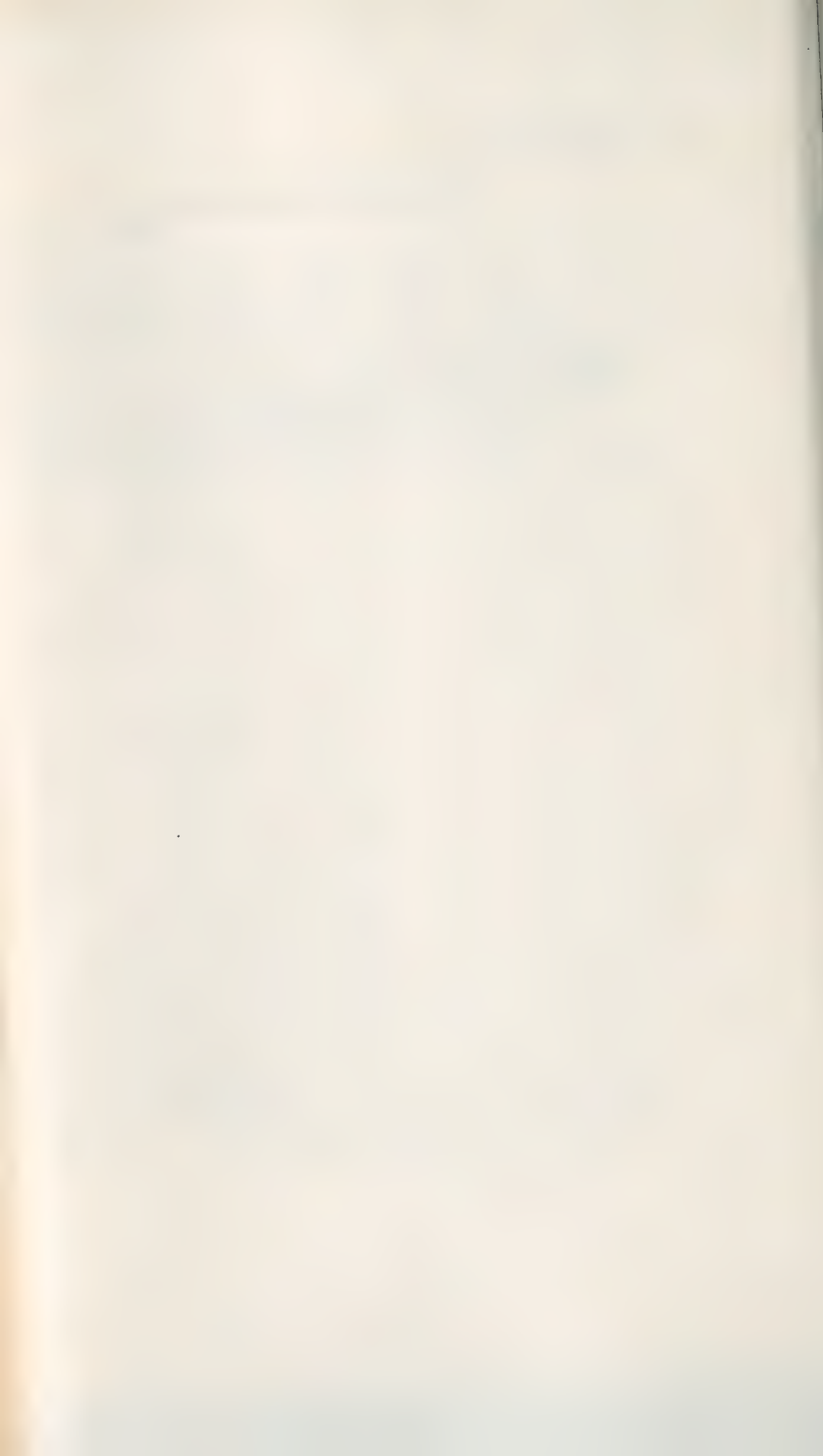
By command of

PH-1

(Date) (Date)

List all major Geographic Subdivisions in AREA of REPORT
(1)

- Signature and Title



APPENDIX F (2)

PH-2 PRELIMINARY HOSPITAL SURVEY *

Kreis : _____

Date : _____

1. Name of Institution : _____

2. Address : _____

3. Type of Institution : _____

4. Is it in operation now : YES () NO ()**

5. Total bed capacity on this date _____ beds now vacant

a. Beds now occupied by Allied military patients _____

b. " " " " German " " _____

c. " " " " civilian patients _____

6. Check below the existence and adequacy of hospital facilities :

	EXISTING		ADEQUATE		
	YES	NO	YES	NO	
a. Clinical Laboratory **	()	()	()	()	
b. Laundry **	()	()	()	()	
c. X-Ray equipment	()	()	()	()	
d. Disinfecting equip. **	()	()	()	()	State type
e { Ambulances **					
{ Horse-drawn	()	()	()	()	{ State No. available
{ Motor	()	()	()	()	{ State No. available
f. Operating theatre **	()	()	()	()	

7. Is staff adequate for present needs : YES () No ()

Deficiencies : _____

8. Number of resident M.D.'s () Nurses () Technicians ()
Other personnel ()

9. Name of organization responsible for hospital administration : _____

10. Name of Director of Hospital _____

Address (residence) : _____

(The director of the hospital is the individual responsible at all time for administration, personnel staff, records, budget, and any information pertinent to the hospital.)

Signed _____

Title _____

* Include all non-military institutions for treatment of the physically or mentally ill. Do not include institutions for criminally insane or institutions for domiciliary care of infants and aged.

** If not in operation or if not adequate, state "why" on reverse of page and note how soon it can be made operable or adequate.

APPENDIX F (3)

PH-3 PRELIMINARY SANITATION SURVEY

Date _____

Gemeinde _____

Kreis _____

This form is to be completed for every Gemeinde of 5000 population and larger.

WATER SUPPLY	1. Is a common water supply used ? _____
	Present Population _____
	2. Source : Wells _____ Lakes _____ Springs _____ River _____
	3. Treatment : None _____ Iron removal _____ Sedimentation _____ Filtration _____ Chlorination _____ other _____
	4. What percentage of the total population uses this common supply ? _____
	5. Is the present supply sufficient to meet the minimum demand ? If not, explain and give details.* _____
	6. What is the physical condition of : Pumping and treating equipment ? _____
	Distribution system ? _____
	7. Are sufficient qualified operating personnel on duty to provide the minimum water requirements ?
	8. Are laboratory facilities available for making bacteriological examinations ? Where ? _____
SEWERAGE	9. Are regular bacteriological examinations made ? How frequently ? _____
	10. Are there any sanitary defects in the production, treatment or distribution of this water supply ? If so give details.* _____
	11. Is a common sewerage system used ? _____
	12. Percentage of population served by common system _____
	13. What is condition of : Collection system ? _____
HOUSING	Treatment plant ? _____
	14. Are sufficient qualified operating personnel on duty ? Number employed ? _____
	15. Where is sewerage finally disposed of ? _____
	16. Is there any Public Health hazard created by present method of disposal ? If so, give details.* _____
	17. How many persons are without shelter ? _____ Enumerate : Men _____ Women _____ Children _____
	18. What is being done to provide shelter ? * _____

Signed _____

Title _____

* Whenever details are to be given, or further remarks called for, use the other side of page, and number the detailed explanation with the number corresponding to the questions above.

APPENDIX G

Datum

VERFÜGUNG No. 3. Öffentlicher Gesundheitsdienst. Sofortige Massnahmen (Kreise).

An den Bürgermeister/Landrat und den Amtsarzt (Kreisarzt)

in

1. Alle anliegenden Formulare müssen sofort nach Empfang von Ihnen ausgefüllt werden. Drei (3) Abschriften, leserlich geschrieben oder getypt, müssen sofort dem Militärregierungs-offizier zugestellt werden. Eine Abschrift von allen diesen Formularen verbleibt in Ihrer Kartei.

2. Die anliegenden Formulare befassen sich mit folgenden Dingen :

a. Formular PH-1 ist eine summarische Zusammenstellung aller Neuinfektionen von ansteckenden Krankheiten die innerhalb der letzten vierwöchentlichen Berichtsperiode in Ihrem Amtsbezirk vorgekommen sind.

b. Formular PH-2 ist ein vorläufiger Überblick über Krankenhäuser-Institute in Ihrem Amtsbezirk. Sollte irgend ein Krankenhaus Institut während dieser Bestandsaufnahme ausser Betrieb sein, so vermerken Sie auf der Rückseite von Formular PH-2 (1) warum dieses Krankenhaus Institut nicht benutzt wird, (2) ob die Instandsetzung durch lokale Mittel geschehen kann, und (3) das frühest-möglichste Datum an welchen die Betriebsaufnahme geschehen kann. Eintragungen auf der Rückseite von Formularen sind durch Vermerke auf der Vorderseite besonders kenntlich zu machen.

c. Formular PH-3 ist ein vorläufiger Überblick über die sanitären Anlagen und Erfordernisse in Ihrem Amtsbezirk.

d. Formular PH-4 ist ein Namensverzeichniss aller im Dienst befindlichen Beamten und Personal, einschliesslich derer die sich innerhalb des letzten Monats vor dieser Aufstellung im Dienst befanden.

3. Neben den geforderten Auskünften für die oben angeführten Formulare müssen Sie sofort eine vollständige Kartothek anlegen und auf dem Laufenden halten über alle sich im Dienst befindlichen Ärzte, medizinisches, pflege-, tierärztliches- und hygienisches Personal und Angestellte im Öffentlichen Gesundheitsdienst Ihres Amtsbezirks. Spezialisten müssen als solche besonders vermerkt werden.

Auf Befehl des

Der englische Text dieser Verfügung hat rechtliche Gültigkeit und ist in Zweifelsfällen massgebend.

PH-1

BERICHTSPERIODE von bis einschliesslich. BERICHTSGEBIET

Alle geographischen Unterabteilungen des Berichtgebietes (1)	Einwohnerzahl		Angabe Nummer von Neuerkrankungen und Todesfällen von ansteckenden Krankheiten (2), (3), (4) n: Neuerkrankung t: Todestall																													
	Gemeinden die Fälle für BE- RICHTS- PERIODE berichten	Gemeinden die KEINEN Bericht für diese Periode einreichen	1 Fleckfieber	2 Rückfallsfieber	3 Blattern	4 Cholera	5 Pest	6 Malaria	7 Diphtheria	8 Scharlach	9 Tb. Lunge & Kehlkopf	10 Tb. anderer Organe	11	12 Übertragbare Genickstarre	13 Übertragb. Kinderlähmung	14	15	16 Unterleibs-typhus	17 Para-typhus	18 Übertragb. Ruhr	19 Bakt. Leibesmittelvergift.	20 Bangsche Krankheit	21	22	23 Tollwut	24 Übertragb. Gehirnentzündg	25 Malaria	26	27	28	29	
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- (1) Ist das **BERICHTSGEBIET** ein **Kreis**, verzeichne **Gemeinde**; ist es ein **Bezirk**, verzeichne **Kreis**, für Gebiete grösser als ein **Bezirk**, verzeichne **Bezirk**.
- (2) "—" wird gebraucht wenn keine Neuerkrankungen oder Todesfälle zu berichten sind. " ." wird gebraucht wenn der Bericht noch aussteht.
- (3) Ungewöhnlich hohe Erkrankungsziffern sind mit einem **Kreis** zu umranden. Benutze Rückseite für **Commentar**.
- (4) Unbenutzte Spalten können für andere wichtige Krankheiten verwendet werden.

Unterschrift und Titel

APPENDIX G (2)

PH-2 VORLÄUFIGER KRANKENHAUS ÜBERBLICK*

Datum _____

Kreis _____

1. Name des Institutes : _____

2. Adresse: _____

3. Art des Institutes : _____

4. Ist es augenblicklich in Betrieb? JA () NEIN ()**

5. Wieviel Betten stehen zur Verfügung?

Wieviel Betten sind nicht belegt?

a. Betten belegt von alliierten militärischen Patienten

b. Betten belegt von deutschen militärischen Patienten

c. Betten belegt von Patienten der Zivil-Bevölkerung

6. Bestehen folgende Krankenhauseinrichtungen und sind sie ausreichend?

Bestehen Ausreichend
Ja Nein Ja Nein

a. Laboratorien ** () () () ()

b. Waschereien ** () () () ()

c. Röntgenapparate () () () ()

d. Desinfektionsapparate ** () () () () Welcher Art?

e. Krankenwagen ** () () () () Wieviel

f. Operationssäle () () () () vorhanden?

7. Sind Hilfskräfte für gegenwärtige Bedürfnisse ausreichend?
JA () NEIN () Beschreibe Mängel _____

8. Wieviel Ärzte

Schwwestern

Techniker

Helfer

9. Welche Organisation ist für die Verwaltung verantwortlich?

10. Name des Krankenhaus Direktors : _____

Adresse: (Privat wohnung) _____

(Der Direktor des Krankenhauses ist zu allen Zeiten persönlich verantwortlich für die Verwaltung, Angestellte, Dokumente, Haushaltsplan und irgendwelche Informationen welche das Krankenhaus betreffen).

Unterschrift _____

Titel _____

* Führen Sie alle nicht-militärischen Anstalten für die Behandlung von körperlichen und geistes kranken an. Anstalten für gemeengefährliche Geisteskranke oder Kinder- und Altersheime sind hier nicht anzuführen.

** Wenn nicht in Betrieb oder nicht ausreichend, bemerken Sie kurz auf der Rückseite dieses Formlars warum, und geben Sie an, wie schnell es in Betrieb gesetzt werden, oder ausreichend gemacht werden kann.



APPENDIX G (3)

PH-3 VORLÄUFIGER SANITÄRER ÜBERBLICK

Datum

Gemeinde

Kreis

Dieses Formular muss für jede Gemeinde von 5000 Einwohnern oder mehr ausgefüllt werden.

WASSERVERSORGUNG

1. Wird eine gemeinschaftliche Wasserversorgung benutzt?

Gegenwärtige Einwohnerzahl

2. Herkunft: Brunnen See Quelle
Fluss

3. Behandlung: Keine Eisen Entziehung
Senkungsmethode Filterung Chlorinierung
Andere Behandlungen

4. Wieviel Prozent der Bevölkerung benutzt diese gemeinschaftlichen Wasserversorgungsquellen?

5. Ist die gegenwärtige Versorgung gross genug für den Minimum bedarf?
Wenn nicht, geben Sie kurz den Grund an. *

6. In welcher Verfassung befinden sich Pump- und Behandlungsmaschinen?
Verteilung system?

7. Sind genügend geschulte Arbeiter beschäftigt um die minimum Menge zu liefern?

8. Sind Untersuchungsanstalten für bakteriologische Untersuchungen vorhanden?
Wo?

9. Werden regelmässige bakteriologische Untersuchungen gemacht?
In welchen Zeitabständen?

10. Bestehen irgendwelche hygienische Mängel in der Herstellung oder Verteilung der Wasserversorgung?
Wenn so, führen Sie an: *

11. Wird eine gemeinschaftliche Kanalisierung benutzt?

12. Wieviel Prozent der Bevölkerung ist diesem gemeinschaftlichen System angeschlossen?

13. In welcher Verfassung befindet sich: Sammlungs System?
Behandlungsanlage?

14. Ist genügend geschultes Personal zur Verfügung?
Anzahl beschäftigt?

15. Was geschieht mit den Abfällen?

16. Ist die gegenwärtige Beseitigungsmethode eine Gefahrenquelle für die öffentliche Gesundheit?
Wenn ja, beschreiben Sie: *

17. Wieviel Personen sind ohne Wohnung?
Anzahl: Männer Frauen Kinder

18. Welche Massnahmen sind getroffen worden Unterkunft zu verschaffen? *

KANALISIERUNG

BEHAUSUNG

Unterschrift

Titel

* Wenn Beschreibung oder andere Bemerkungen notwendig sind, verwenden Sie die Rückseite und nummerieren Sie die Beschreibung mit der selben Nummer, als die Frage auf dieser Seite.

APPENDIX H

Date.....

DIRECTIVE No. 4, Public Health, Responsibilities and Duties (Bezirk)

TO : Regierungspräsident/Landeskommissar and Medizinalrat
at Regierungsbezirk/Landeskommissarbezirk

1. You are responsible to the Senior Military Government Officer at for efficient public health administration in all Stadtkreise/Landkreise as delegated to you by law.

2. Directives have been issued to all Amtsärzte (Kreisärzte) in your area, outlining their duties and responsibilities and giving them specific orders on certain subjects. You will familiarize yourself with the content of these directives, copies of which are attached, and render all assistance from your office to facilitate the operations of Public Health on the Stadtkreis/Landkreis level.

3. You will be held personally responsible for the processing of all current communicable disease reports in the area of your administrative control.

4. On technical matters you will continuously report to the Functional Specialist in Public Health in the office of the Senior Military Government Officer particularly on matters in relation to the control of communicable diseases which may affect the health of Allied troops and nationals in your area.

By command of

.....

.....

.....

**VERFÜGUNG No. 4. Öffentlicher Gesundheitsdienst.
Verantwortungen und Pflichten (Bezirke)**

An den Regierungspräsidenten Landeskommissar und den Medizin-
alrat im Regierungsbezirk Landeskommissarbezirk

1. Sie sind dem Obermilitärregierungsoffizier _____ in
verantwortlich für die gewissenhafte und reibungslose Verwaltung
aller Zweige des Öffentlichen Gesundheitsdienstes in allen Stadt- und
Landkreisen innerhalb des Ihnen gesetzlich zugeteilten Gebietes

2. Alle Amtsärzte (Kreisärzte) in Ihrem Amtsbezirk sind im
Besitz von Verfügungen welche die Pflichten und Verantwortungen
sowie spezielle Verhaltensmassnahmen für besondere Situationen
enthalten. Es ist Ihre Aufgabe sich mit diesen Verfügungen, die
anliegen, vertraut zu machen und Ihren Stadt- und Landkreisen
alle Hilfe, die nötig ist zur Erhaltung des Gesundheitszustandes
Ihres Amtsgebiets, angedeihen zu lassen.

3. Sie sind persönlich verantwortlich für die Aufstellung und
Weiterleitung von Berichten über ansteckende Krankheiten inner-
halb Ihres Verwaltungsbezirkes.

4. Der Spezialist für Öffentliche Gesundheitspflege in der
Abteilung des Obermilitärregierungsoffiziers muss dauernd auf dem
Laufenden gehalten werden über Belange technischer Natur,
speziell über Bekämpfungsmassnahmen von ansteckenden Krank-
heiten welche den Gesundheitszustand der Alliierten Truppen und
Zivilisten gefährden können.

Auf Befehl von

Der englische Text dieser Verfügung hat rechtliche Gültigkeit und
ist in allen Zweifelsfällen massgebend.

APPENDIX J

Form #1
(Sample Copy)

CIVIL AFFAIRS INITIAL PUBLIC HEALTH SURVEY

(To be submitted within 72 hours after occupation)

Date of survey _____ Reporting unit _____

Date locality was occupied _____ Name of locality _____

Note: Submit separate survey for each locality.

1. Check (X) any of the following diseases that have occurred during the past thirty days:

() Typhus (louse-borne)	() Mumps
() Typhoid and paratyphoid	() Epidemic (meningococcus)
() Diarrhea and dysentery	Meningitis
() Smallpox	() Poliomyelitis
() Rabies	() Food poisoning
() Tularemia	() Infectious hepatitis
() Plague	() Diphtheria
() Cholera	() Encephalitis
() Measles	() Influenza
()	() Scarlet Fever

2. Are any of the above diseases epidemic? Yes _____ No _____
If so name the diseases _____

3. What dangerous health hazards which may contribute to the spread of epidemic diseases? For example, insanitary, overcrowded refugee camps, shelters, etc.: damaged water and sewage systems.) _____

4. Is the community able to care for the civilian sick and wounded?
Yes _____ No _____. If No, check reasons:
No facilities _____ No supplies _____
No equipment _____ No personnel _____
Other (Specify) _____

5. Is the health organization functioning? Yes _____ No _____
If No, explain _____

APPENDIX K

Form #2
(Sample Copy)

REPORT OF PUBLIC HEALTH RECONNAISSANCE SURVEY

1. Is there a public health officer on duty? Yes (), No ():
If no, what steps have been taken or are being taken to secure one?

a. If there is a public health department is it functioning satisfactorily? Yes () No (). If no, what steps have been taken or are being taken to reorganize one?

b. Brief description of functions and organization of Public Health Department

2. Are the public health records intact in the Health Office? Yes () No (): If no, explain. (Specify if no records are maintained.)

a. Brief description of reporting system

b. If available, attach one copy of each of the most recent reports of communicable diseases, sanitation, etc.

3. Semi-official and voluntary Public Health Agencies.

Name	Type of Service	Functioning	Yes () No ()
		..	Yes () No ()
		..	Yes () No ()
		..	Yes () No ()

a. If not functioning what steps have been or are being taken to reactivate them?

4. Hospitals (See last sheet)

5. Other buildings suitable for hospital use.

Name	Address	Estimated Bed Capacity	Type	Present Use and Condition
------	---------	------------------------	------	---------------------------

6. Clinics and Aid Stations

Name	Address	Estimated Bed Capacity	Type	Present Use and Condition
------	---------	------------------------	------	---------------------------

7. Professional personnel (give number of each present in community and available for practice.)

- a. Physicians
- b. Nurses
- c. Dentists
- d. Midwives
- e. Pharmacists
- f. Sanitary Inspectors
- g. Veterinary Inspectors
- h. Others

(Specify)

8. Medical, hospital, and sanitary supplies and equipment.

- a. Supplies of Narcotics

b. Are present stocks adequate for next 30 days? Yes () No ()
If no, list most serious deficiencies.

Description

Estimated Quantities Required

9. Are surplus or captured supplies or equipment available?

Yes No

- a. If yes, list importance of surplus.

Description

Estimated Quantities Available

10. Are medical, hospital or sanitary supplies being manufactured locally? Yes () No ()

a. If yes, and manufacturing facilities are intact or can be repaired, list products and production capacity and materials required to continue or resume production.

Products

Production Capacity

Material Required

11. Are adequate refrigeration facilities available for storage of all biologicals? Yes () No ()

12. *Epidemiology*

a. Are any epidemics present? Yes () No (). If yes, name the diseases and control measures being instituted or carried out.

b. Are there any unusual situations in the community which will contribute to outbreaks or spread of diseases? Yes () No (). If yes, list and explain control measures that have been or are being taken.

DIRECTIVE No. 5, Public Health Veterinary Medicine (Kreise)

TO: The Bürgermeister/Landrat and the Amtsarzt (Kreisarzt)
at _____

1. The Veterinary organization, under your authority, will continue all professional functions that:

a. Provide protection to human health through adequate inspection of food of animal origin.

b. Prevent and control diseases of animals, especially those diseases that might become epizootic in nature, and those that are transmissible to man.

2. In providing adequate inspection of foods of animal origin, you will direct the enforcement of existing laws and regulations governing food inspection, with special emphasis on the following:

a. Ante mortem and post mortem examination of slaughter animals and carcasses.

b. Method of slaughtering, processing, storing and distributing of meat products.

c. Disposal of wastes and of condemned parts of carcasses

d. Sanitation of dairies, milk plants and establishments producing milk products.

e. Methods of pasteurizing, storing, refrigerating of dairy products, and distribution of dairy products.

f. Preparation of inspection reports in the customary manner, and distributing them promptly through the usual channels.

3. In preventing and controlling animal diseases, you will direct the enforcement of existing regulations concerning:

a. Prohibition of movement of livestock, except as accompanied by proper health certificates.

b. Immunization and treatment of animals in infected areas

c. Quarantine and isolation of animals found to be diseased

d. Disinfection of premises found infected.

e. Disposal of dead animals and infected material

f. Preparation of notifiable disease reports in the customary manner and distributing them promptly through the usual channels. Four copies will be forwarded to the Military Government Officer of your area as soon as the report is completed. Outbreaks of disease, such as rabies, anthrax, etc., that are, or may prove to be, epizootic will be reported immediately upon detection to the Military Government Officer and to the Regierungsbereich Health Officer, giving diagnosis, number of cases, number of deaths, location of outbreak and measures instituted for control.

4. You may continue all other functions of Veterinary Medicine under your authority, provided they do not interfere or conflict with the above or with other Military Government directives.

By command of _____

VERFÜGUNG No. 5 Veterinärischer Öffentlicher Gesundheitsdienst (Kreise)

An den Bürgermeister/Landrat und den Amtsarzt (Kreisarzt)
in

1. Die Veterinärabteilung des Öffentlichen Gesundheitsdienstes innerhalb Ihres Amtsbezirks versieht weiterhin alle professionellen Funktionen durch die:

a. Der Gesundheitszustand aller sich in Ihrem Amtsbezirk befindlichen Personen durch gewissenhafte Lebensmittelkontrolle von Fleisch und tierischen Produkten gewährleistet wird.

b. Tierseuchen verhütet und kontrolliert werden. Spezielles Augenmerk sind auf solche Seuchen zu richten, die epizootisch werden können, oder die auf Menschen übertragbar sind.

2. Zur Durchführung einer genauen und gewissenhaften Lebensmittelkontrolle von Fleisch und tierischen Produkten werden Sie weiterhin die strenge Durchführung von bestehenden Gesetzen und Ausführungsbestimmungen vornehmen. Folgendes ist besonders zu beachten:

a. Untersuchung von Vieh vor und nach der Schlachtung, sowie die Untersuchung von Kadavern.

b. Schlachtungsmethoden, Verarbeitung, Aufbewahrung und Verteilung von Fleisch und tierischen Produkten.

c. Verfügungen über Verwertung von Abfällen und unbrauchbaren Kadaverteilen.

d. Sanitäre Überwachung von Molkereien, Käsereien und Betrieben in denen Milchprodukte hergestellt oder verarbeitet werden.

e. Pasteurisierungsmethoden, Eiskühlung und Lieferung von Milch und Milchprodukten.

3. Zusammenstellung von Berichten in der gewöhnlichen Weise und deren Weiterleitung durch den üblichen Instanzenweg.

3. Um die Ausbreitung von Tierseuchen zu verhüten und zu kontrollieren, werden Sie die Gesetze und Ausführungsbestimmungen, die sich mit den folgenden Dingen befassen, besonders streng durchführen:

a. Ein- und Ausfuhrverbot von Tieren von einer Gemeinde zur anderen.

b. Schutzimpfung und Behandlung von Tieren.

c. Quarantäne und Isolierung von verseuchten Tieren.

d. Desinfektion von verseuchten Ställen und Gehöften.

e. Verfügungen über Fortschaffung und Beseitigung von toten Tieren und verseuchtem Material.

f. Aufstellung und schnellste Weiterleitung von Berichten über ansteckenden Tierseuchen geschieht durch den üblichen Instanzenweg. Vier (4) Abschriften müssen sofort nach Fertigstellung des Berichtes dem Militärregierungs-offizier zugestellt werden. Ausbruch von Seuchen wie Tollwut oder Milzbrand die epizootisch sind oder werden können, müssen dem Militärregierungs-offizier und dem Gesundheits-offiziers Ihres Regierungsbezirkes unverzüglich gemeldet werden. Solch ein Bericht muss die Diagnose, Anzahl von erkrankten Tieren, Todesfälle, Seuchengebiet und getroffene Bekämpfungsmassnahmen enthalten.

4. Sie behalten die Ausübung aller Ihrer veterinärischen Funktionen bei, solange diese nicht gegen die Vorschriften dieser Verfügung oder gegen die Gesetze der Militärregierung verstossen.

Auf Befehl des

Der englische Text dieser Verfügung hat rechtliche Gültigkeit und ist in Zweifelsfällen massgebend.

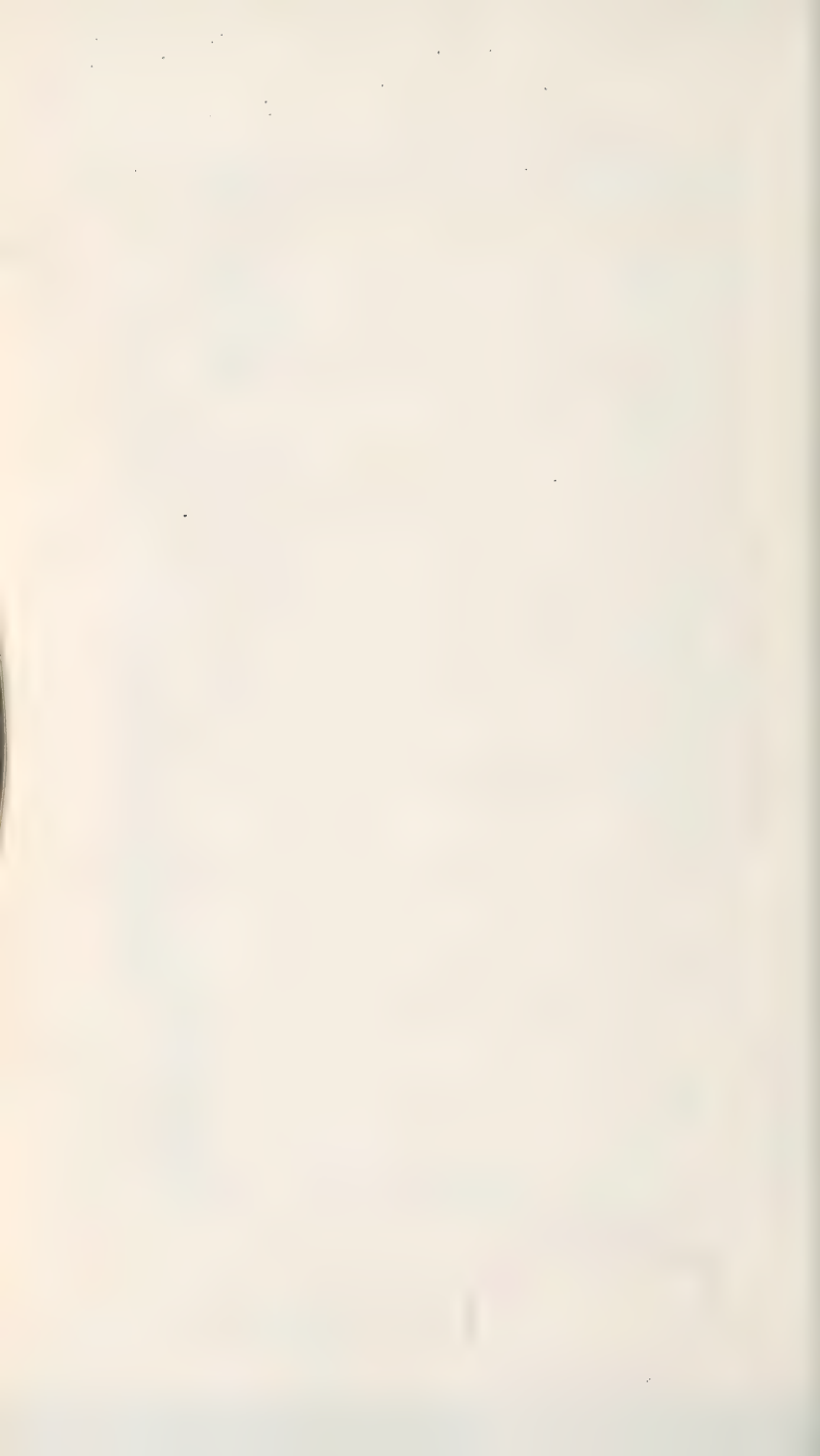
APPENDIX K (1)

HOSPITALS (Sample Copy)

Name	Type •	Bed Capacity		Staff		Is Equipment •• Adequate	Present Use and Condition
		Normal M.B.R.	Emergency	Number (Total)	Kind		

* i.e. — General, Obstetrical, Surgical, Children's, Etc.

.. If equipment is not adequate, explain deficiencies on reverse side of sheet, state electrical voltage cycles, AC or DC, current, water supply and waste disposal facilities, laundry heating and kitchen facilities.



APPENDIX F (2)

PH-2 PRELIMINARY HOSPITAL SURVEY *

Kreis :

Date :

1. Name of Institution :

2. Address :

3. Type of Institution :

4. Is it in operation now : YES () NO ()**

5. Total bed capacity on this date _____ beds now vacant

a. Beds now occupied by Allied military patients _____

b. " " " " German " "

c. " " " " civilian patients _____

6. Check below the existence and adequacy of hospital facilities :

	EXISTING		ADEQUATE		
	YES	NO	YES	NO	
a. Clinical Laboratory **	()	()	()	()	
b. Laundry **	()	()	()	()	
c. X-Ray equipment	()	()	()	()	
d. Disinfesting equip. **	()	()	()	()	State type
e. { Ambulances **					
{ Horse-drawn	()	()	()	()	{ State No. available
{ Motor	()	()	()	()	{ State No. available
f. Operating theatre **	()	()	()	()	

7. Is staff adequate for present needs : YES () No ()
Deficiencies :

8. Number of resident M.D.'s () Nurses () Technicians ()
Other personnel ()

9. Name of organization responsible for hospital administration :

10. Name of Director of Hospital

Address (residence) :

(The director of the hospital is the individual responsible at all time for administration, personnel staff, records, budget, and any information pertinent to the hospital.)

Signed

Title

* Include all non military institutions for treatment of the physically or mentally ill. Do not include institutions for criminally insane or institutions for domiciliary care of infants and aged.

** If not in operation or if not adequate, state "why" on reverse of page and note how soon it can be made operable or adequate.

APPENDIX F

Date.....

DIRECTIVE No. 3, Public Health- Immediate Actions (Kreise)

To: The Bürgermeister/Landrat and the Amtsarzt (Kreisarzt)

at

1. At the earliest possible hour after receiving this directive you will complete the information required on the attached forms and return three copies of each legibly printed or typed, to the Military Government Officer, retaining one copy of each document for your own records.

2. The attached forms cover the following subjects:

a. Form PH-1 is a summary of the number of new cases of communicable diseases which have occurred in the area under your jurisdiction during the last four-weekly report periods.

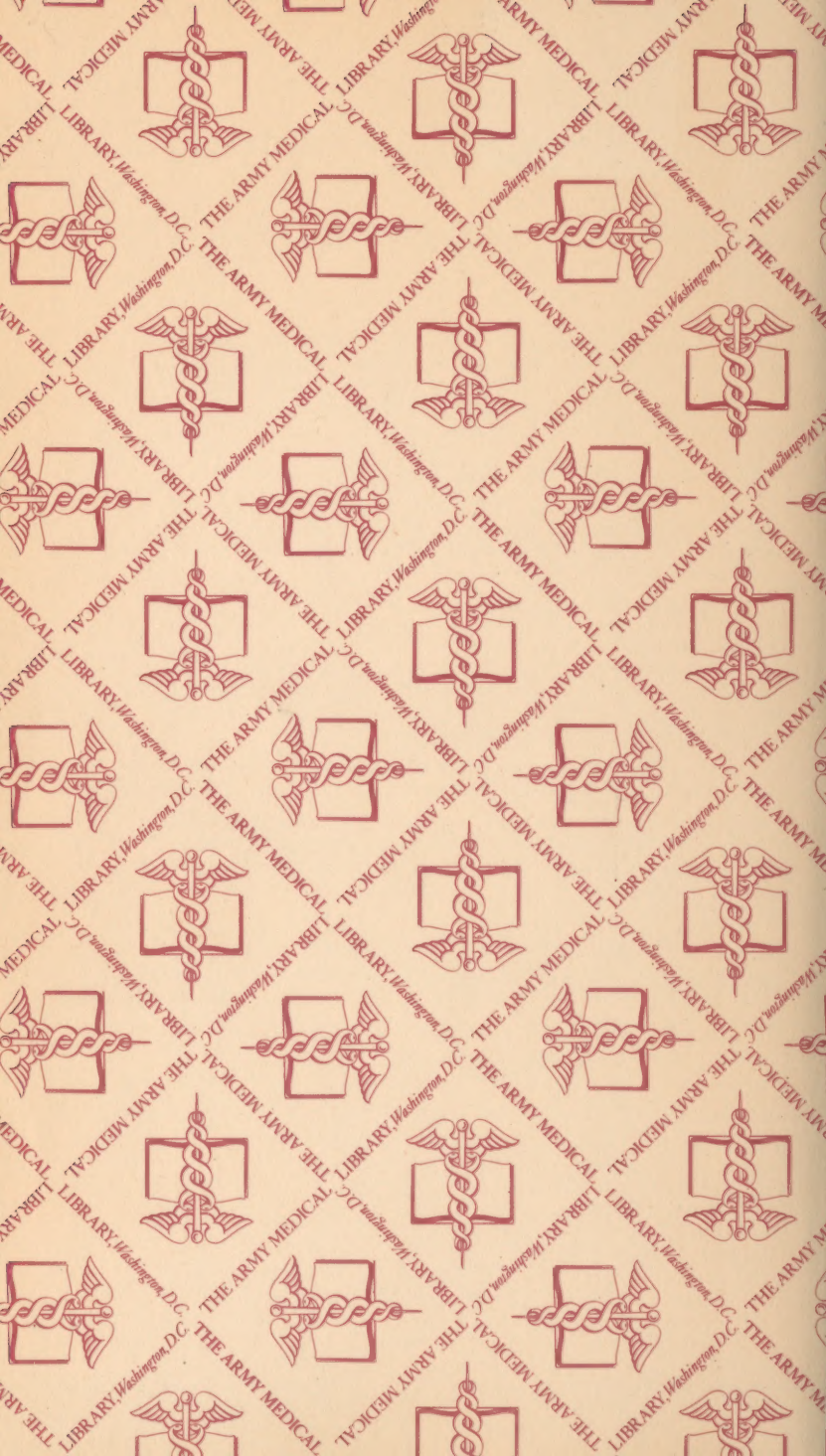
b. Form PH-2 is a Preliminary hospital survey. If the institution reported on is not in operation on date of your survey, you will state on back of the form briefly (1) why the institution is not in operation, (2) whether it is possible to put it in operation by use of local labor and materials, and (3) estimate of the date of availability. This report will be submitted in triplicate on *each* hospital.

c. Form PH-3 is a preliminary survey of sanitary conditions and requirements in your area.

d. Form PH-4 is a roster of all Gesundheitsamt employees who are on active duty now, or who were on active duty during any part of the period beginning a month prior to date of report.

3. In addition to the information required on the above forms, you will immediately prepare and maintain a complete and current file of all medical nursing, sanitary and related personnel in your area, indicating those with specialist qualifications.

By command of



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